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January 22, 2018

Chairman Ajit Pai
Commissioner Mignon Clyburn
Commissioner Michael O'Rielly
Commissioner Brendan Carr
Commissioner Jessica Rosenworcel
Federal Communications Commission
445 12<sup>th</sup> Street, SW
Washington, DC 20554

Re: In the Matter of Promoting Telehealth in Rural America, WC Docket No 17-310

## Dear Chairman Pai and FCC Commissioners:

Thank you for your support of the Rural Health Care Program (RHC) and for opening a rulemaking and order to review the RHC Program and ensure Americans have access to advanced telehealth services no matter where they live. Kodiak Area Native Association is writing in response to the Commission's request for comment on the appropriate budget increase and other reforms for the RHC Program.

By making telehealth and telemedicine services affordable, the FCC's RHC program improves healthcare in rural communities while helping lower overall health care costs. But, the current \$400 million Rural Health Care Universal Service Support budget is inadequate to enable rural communities to realize these benefits. Instead, the budget remains stuck at the initial level set in 1997, despite two decades of inflation, advances in technology, and increased demand for services.

We believe that the FCC should increase the budget for the rural health care support mechanisms to reflect inflation over the past two decades and increases in the level of support available from those mechanisms, as well as increased technology and telecommunications demands due to our HIPAA legal obligations, advances in telemedicine capabilities, changes in patient expectations and standards of care, and new demands from skilled nursing facilities.

Telemedicine is a cost-effective technology development that has allowed us to dramatically improve access to and quality of care, accelerate diagnosis and treatment, avoid unnecessary costs such as medivacs, and expand local treatment options.

The Kodiak Area Native Association (KANA) provides health care services to the Kodiak Island Archipelago which includes the city of Kodiak and six rural villages. Telemedicine has dramatically improved access to care, accelerated diagnosis and treatment, avoided unnecessary medevacs, and expanded local treatment options. It has also helped reduce

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Medicaid costs through avoided patient travel.

In the Kodiak area, this service has enabled the delivery of business-class network connectivity and access to the Alaska Native Medical Center's centralized electronic health record platform in our remote village clinics. This has proven to be a critical upgrade over the previously available satellite-based connectivity which was too limited to allow for access to the centralized EHR. KANA was able to extend all network functionality to all of our clinics, which has enabled seamless service delivery. The increase in reliability and performance has enabled our providers to leverage technologies, such as video teleconference for medical and behavioral health consultations, the addition of a full complement of dental services that includes access to x-rays and electronic dental records, and online training and clinical support for local community health aides (CHAs). CHAs are a unique health care provider type to Alaska that provide services in small, rural villages and are essential in providing care in our vast, sparsely populated state.

The types of benefits and costs savings we have experienced are being replicated in many ways across rural areas in the State. It is also worth noting that Alaska is America's largest state, comprising roughly one-sixth the nation's total land area, yet has only about two tenths of one percent of America's population. 99.95% of the state is rural – a greater percentage than any other state in the nation. Several hundred of our communities are not reachable by road and are not connected to middle mile infrastructure. The distance to the nearest medical facility is often several hundred miles that can only be travelled by air. Especially because of our unique geography and rural nature, our rural clinics and hospitals urgently need assurance that additional RHC support will be available beginning in Funding Year 2018.

Growing evidence indicates that access to telehealth services also lowers health care costs in rural communities, saving money at the local, state and national levels. As one example, the Alaska Native Tribal Health Consortium estimates that access to telehealth services saves rural Alaskans \$10 million annually in travel costs along. At the national level, the Veterans Health Administration (VHA) estimated that the annual cost in 2012 to deploy its telehealth program was \$1,600 per patient per year, compared to over \$13,000 for traditional homebased care and \$77,000 for nursing home care. Telehealth was also associated with a 25 percent reduction in the number of bed days of care, and a 19 percent reduction in hospital admissions, across all VHA patients utilizing telehealth services.

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Thank you for taking steps to ensure the long-term viability of the Rural Health Care Program to meet the increased demand for telemedicine services both in Alaska and across the country.

Andy Teuber

President and CEO

CC:

The Honorable Senator Lisa Murkowski The Honorable Senator Dan Sullivan The Honorable Congressman Don Young